

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

10/542259

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		2		/		
9		1		/		
10		0		/		
11		4		/		
12		0		/		
13		0		/		
14		/		/		
15		/		/		
16		/		/		
17		2		/		
18		/		/		
19		/		/		
20		/		/		
21		/		/		
22		0		/		
23		0		/		
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48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	30		25			
TOTAL CLAIMS	31		26			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						